



State of California  
**Respiratory Care Board**  
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**Inquiry:** Recently in our hospital because of JACHO standards to improve the pharmacist validation process of respiratory medications a recent memo was issued:

- Respiratory medications will be dispensed in the patients' cassettes.
- New orders will be processed by pharmacy and initial doses will be sent and placed in the pharmacy delivery bin.
- Cassette access is limited to pharmacy and nursing personnel.
- Respiratory therapist will need the cooperation of nursing to obtain respiratory medications from the patient cassette and the delivery bin.
- Only those medications that are going to be immediately administered may be removed from the cassette at one time.
- Normal Saline 0.9% INH will be dispensed via distribution.

The concern I hope the board takes up is the respiratory therapists' access to the respiratory medications in the patient's cassette without going through nursing personnel. Pharmacy stated, since we are not allowed to give other medications in the patient's cassettes, nursing must obtain our medications for us. We are licensed professionals, pharmacy techs have access, but we do not, it doesn't seem valid. Even if the medications are delivered on time, I foresee this causing delay in service to patients, imposing more time constraints on the nurses and increasing opportunity for negative outcomes for our patients. Our medications used to be dispensed through the department, and kept locked in medical carts. I understand the need for control on medications and Pharmacy's need to follow JACHO recommendations, but to deny Respiratory Therapists their own access to respiratory medications in patients cassettes to do their clinical practice, I need to question the legality of this. Is there a policy covering this issue in the Respiratory Care Practice Act?

**Response:** You have the right to be concerned with this change as a delay in respiratory treatment can cause extended length of stays and other adverse outcomes. I would hope that your facility has fully evaluated this process and understands the ramifications it may cause to patient care.

At my facility, we have also instituted a similar policy but have taken the path that therapist be allowed access to the medication dispensing cabinet. To meet the JCHAO regulation, we have incorporated specific rights for the respiratory practitioners that prevents them from having access to medications they would not normally administer. Additionally, we have an automated report that will show us any medications dispensed by an RCP that are outside of their standard practice. That will allow for timely and appropriate follow-up.

From a practice standpoint, all you can do as professionals is document appropriately the delays that occur as a result of this change in process. Over time, this should provide regulators with sufficient clinical documentation to allow some flexibility in these regulations.

**Reference #:** 2005-C-10

*This determination does not constitute a declaratory decision under the comprehensive provisions of the Government Code sections 11465.10 – 11465.70.*

